

FILING RECEIPT

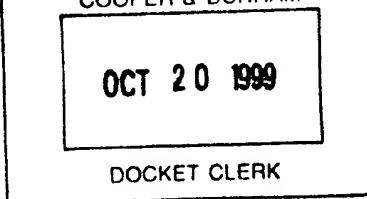


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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
08/475,784	06/07/95	1645	\$174.00	43016-C/JPW/	RECEIVED 22 COOPER & DUNHAM	1	

JOHN P WHITE
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) PHILIP O. LIVINGSTON, NEW YORK, NY; FRIEDELM HELLING,
NEW YORK, NY.

CONTINUING DATA AS CLAIMED BY APPLICANT—
THIS APPLN IS A 371 OF PCT/US94/00757 01/21/94
AND A CIP OF 08/009,268 01/22/93 ABN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/17/95 ** SMALL ENTITY **
TITLE
GANGLIOSIDE-KLH CONJUGATE VACCINES PLUS QS-21

PRELIMINARY CLASS: 424

DATA ENTRY BY: BARLOW, VICTOR

TEAM: 12 DATE: 08/26/99



(See reverse for new important information)



Bib Data Sheet



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SERIAL NUMBER 08/475,784	FILING DATE 06/07/1995 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 43016-C/JPW/
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APPLICANTS

PHILIP O. LIVINGSTON, NEW YORK, NY ;
FRIEDELM HELLING, NEW YORK, NY ;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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** 11/17/1995

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 26	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
• Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

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FILING FEE RECEIVED 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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